Case 25-40054 Doc 12 Filed 03/19/25 Entered 03/19/25 15:37:32 December 1 of 3	sc Main
Fill in this information to identify your case: Check one box only as directed.	ed in this form and in
Debtor 1 MICHAEL JUSTIN SCOTT	
First Name Middle Name Last Name	of abuse.
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine	
United States Bankruptcy Court for the: Western District of North Carolina abuse applies will be mad Means Test Calculation (C	
Case number 25-40054	
Case number (If known) 25-40054 CILED COLOT Qualified military service b	ut it could apply later.
(If known) U.S. Bankruptor Olive Qualified military service b Western District of NC Check if this is an amend	
MAR 19 2025 Check if this is an amend	ed filing
Official Form 1224—1	
Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income	
Chapter 7 Statement of Your Current Monthly Income	10/19
additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income	
What is your marital and filing status? Check one only.	
Not married. Fill out Column A, lines 2-11.	
☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ☐ Married and your spouse is NOT filing with you. You and your spouse are:	
☐ Married and your spouse is NOT filing with you. You and your spouse are: ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.	
Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking the separated of the separate	his hox you declare
under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(that you and your
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be Ma August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental princome from that property in one column only. If you have nothing to report for any line, write \$0 in the space.	rch 1 through ne total by 6.
Column A Column B Debtor 1 Debtor 2 o non-filing	
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$_0.00\$ \$	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$00	
 All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions 	
from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not	
from an unmarried partner, members of your household, your dependents, parents,	
from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm Debtor 1 Debtor 2	
from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$ 0.00 \$	
from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses One of the parents, pare	
from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$ 0.00 \$	
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ebtor	MICHAEL JUSTIN SCOTT First Name Middle Name Last Name		Cas	se number	(if known) 25-	40054	
				Column Debtor 1		Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount runder the Social Security Act. Instead, list it here:		fit				
	For you	\$0.00	-				
	For your spouse	\$	-				
9.	Pension or retirement income. Do not include any amo benefit under the Social Security Act. Also, except as stat not include any compensation, pension, pay, annuity, or a United States Government in connection with a disability, disability, or death of a member of the uniformed services pay paid under chapter 61 of title 10, then include that pa does not exceed the amount of retired pay to which you were tired under any provision of title 10 other than chapter 62.	ed in the next sente illowance paid by the combat-related inju . If you received any y only to the extent to yould otherwise be e	nce, do e ry or y retired that it	\$	0.00	\$	
10.	Income from all other sources not listed above. Speci Do not include any benefits received under the Social Seas a victim of a war crime, a crime against humanity, or in terrorism; or compensation, pension, pay, annuity, or allow States Government in connection with a disability, comba death of a member of the uniformed services. If necessar separate page and put the total below.	curity Act; payments ternational or dome wance paid by the U t-related injury or dis	received stic Inited sability, or				
				\$		\$	
				\$		\$	
	Total amounts from separate pages, if any.			+ \$	0.00	+ \$	
	Calculate your total current monthly income. Add lines column. Then add the total for Column A to the total for Column at the total for Column A to	olumn B.	ach	\$	0.00 +	\$	Total current monthly income
	Calculate your current monthly income for the year. F						
12.	12a. Copy your total current monthly income from line 1	•			Con	v lina 11 bera	s 0.00
	Multiply by 12 (the number of months in a year).		***************************************	***************************************	ООР	y inte i i nere "	x 12
	, ,	£0.000		1		401	x 12 s 0.00
	12b. The result is your annual income for this part of the	iom.				12b.	<u> </u>
13.	Calculate the median family income that applies to yo	u. Follow these step	os:				
	Fill in the state in which you live.	North Carolina	.				
	Fill in the number of people in your household.	1				ŗ	
	Fill in the median family income for your state and size of To find a list of applicable median income amounts, go or instructions for this form. This list may also be available a	line using the link s	pecified in th			13.	<u>\$_61,789.00</u>
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. On the t Go to Part 3.	op of page 1, check	box 1, Ther	ė is no pr	esumption	of abuse.	
	14b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2.	1, check box 2, The	e presumptio	on of abus	se is detern	nined by Form 122A	1-2 .

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Debtor 1	MICHAEL JUSTIN SCOTT First Name Middle Name Last Name	Case number (if known) 25-40054
Part 3:	Sign Below	
	By signing here, I declare under penalty of perjury that the information on the Signature of Debtor 1 Date 03/18/2025 MM / DD / YYYY	Signature of Debtor 2 Date
	If you checked line 14a, do NOT fill out or file Form 122A-2.	
	If you checked line 14b, fill out Form 122A-2 and file it with this form.	